

# Employee Add/Change Form

AcuPayroll

ADDING - If you are adding a new employee please fill out all sections that apply

CHANGING - If you are changing employee information please

1. Fill out the employee name and number
2. Check the box next to the section you are changing and enter the data

## Company Name

**Employee Identification** \_\_\_\_\_

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

SSN    -   -

Employee Number      
*(If unknown please leave blank)*

**Address**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Withholdings**

Federal	Single or Married filing separately	Married filing jointly	Head of household	2(c) Two jobs	Exempt
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependents (Step 3) \$	_____		Other Income (Step 4a) \$	_____	
Deductions (Step 4b) \$	_____		Extra Withholding (Step 4c) \$	_____	
State	Single	Joint	Number of Exemptions	Additional amount	Exempt
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

**Employment Information**

Department \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender:  Male  Female

Rate 1 \_\_\_\_\_ Rate 2 \_\_\_\_\_ Rate 3 \_\_\_\_\_ Salary \_\_\_\_\_

Pay Type:  Check  Voucher *Please fill out a Direct Deposit Authorization Form*

Misc 1 \_\_\_\_\_ Misc 2 \_\_\_\_\_

Employment Date \_\_\_\_\_ Termination Date \_\_\_\_\_ Pay Raise Date \_\_\_\_\_

WC Rate \_\_\_\_\_ WC Code \_\_\_\_\_

**Deductions**

Description	Amount	Weekly Frequency					
_____	_____	1	2	3	4	5	All
_____	_____	1	2	3	4	5	All
_____	_____	1	2	3	4	5	All